

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Willowbrook

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Willowbrook provides personal care and support to people who live in their own rented apartments located within the Willowbrook premises. At the time of our visit there were 34 people receiving personal care.

The inspection took place on 20 May 2015. We gave the provider 24 hour's notice of our visit so that they could arrange for people and staff to be available to talk with us about the service.

A registered manager was in post. However, at the time of our visit, they were unavoidably absent from the service. The provider had taken interim action to appoint an acting manager to provide management support until the registered manager was able to return. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service on 25 June 2014 we identified some concerns about how people's nutritional health was maintained and the completion of records. We asked the provider to take action in order to make improvements. The provider sent us an action plan which outlined the improvements they were going to make. At this inspection we found the required improvements had been made.

Where people were at risk of ill health due to not eating or drinking enough, care workers monitored people closely and reported any concerns to their manager. We saw professional advice was sought where concerns about people's nutritional health were identified. People also had access to a 'wellbeing nurse' who provided a 'drop in clinic' at the service two mornings each week. The nurse supported people to maintain good health which included weight checks if required. The manager ensured risk assessments, were carried out for people at risk of ill health due to their health conditions. This included nutritional risk assessments and these were regularly reviewed to identify any changes in the support people may need. At the time of our visit there were no people identified to be at risk of poor nutrition. Care workers helped people to prepare meals or attend the restaurant where they were offered a choice of meals to ensure their nutritional needs were met.

People told us they felt safe at Willowbrook and staff were respectful, kind and helpful towards them. People felt staff were suitably trained to support them and their care needs were met. People were supported by a consistent group of care workers who had the necessary skills to provide the care and support they required.

People had an opportunity to say what social activities and entertainment they would like by attending resident meetings where these were discussed.

Managers and care staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before delivering care.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. People were given opportunities to share their views and opinions about the quality of the service they received. People knew how to complain and information about making a complaint was available for people.

The provider and managers were committed to providing quality care to people. People who used the service felt they were listened to and found staff approachable and responsive. There were processes to monitor the quality of the service provided and understand the experiences of people. This was through regular communication with people and staff, checks on records, staff/resident meetings and a programme of checks and audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibility to keep people safe by having a good understanding of safeguarding and managing risks associated with their care. The staff recruitment process was thorough to make sure staff had all the necessary checks before they started work. Medicines were managed safely and people received their medicines as prescribed. Staff were available at the times people needed them.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to deliver effective care to people. Staff had some understanding of the Mental Capacity Act 2005 and people's consent was requested before care was provided. People who required support to prepare meals or eat and drink were supported in accordance with their needs.

Good



Is the service caring?

The service was caring.

People were supported by staff who they considered were friendly and caring in their approach. Staff ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from a consistent group of care workers that understood their individual needs.

Good



Is the service responsive?

The service was responsive.

The service people received was based on their personal preferences and how they wanted to be supported, in order to meet their individual needs. Care plans were reviewed to identify any changes in needs to ensure that people's needs continued to be met. People knew how to raise complaints and these were acted upon and responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt supported in their roles and people who used the service felt able to contact the office and speak to staff at any time. There were quality monitoring systems to identify if any improvements were needed. The provider and management team provided good leadership and staff were clear on their responsibilities to ensure people received the quality of care and service they expected.

Good



ExtraCare Charitable Trust Willowbrook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 20 May 2015 and we gave the provider 24 hour's notice of our visit. This was so that they could ensure staff and people were available to speak with us. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the

provider to send us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They also sent a list of people who used the service so we could select people we wished to speak with and arrange convenient times to speak with them.

During our visit we spoke with the acting manager, 10 people who used the service, two visitors, three care workers (including team leaders) and the area co-ordinator. We also contacted the local authority who funded a number of people to use the service. They told us they had no concerns about the service.

We reviewed two people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. These included, the staff "run" sheets which showed the support people were to receive and at what times, medication records, records of complaints, staff recruitment records and the service's quality records which included audits and notes of meetings with people and staff.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Willowbrook. They told us, “I feel safe as I know that when I press my buzzer they do not take long to respond.” “I feel safe as when I was at home there was no one around, there is always someone around.” Staff were available 24 hours a day to respond to emergencies.

Staff had completed training on safeguarding people which included how to recognise abuse. They were able to describe the different types of abuse and told us they would report any concerns to their manager so they could be followed up and acted upon. The manager had taken action to report safeguarding incidents to us and had taken appropriate action to manage any potential ongoing risks.

Care workers knew about people’s needs and were able to tell us how they managed risks associated with people’s care. These included risks associated with medical conditions and the environment. Each person had an ‘ability profile’ which identified areas of potential risk and described what they could do independently. Care was then planned to minimise any risks to people’s health. For example, those people who were at risk of developing sore areas on their skin had care plans that contained instructions for staff to regularly check their skin and apply creams when appropriate. People told us staff delivered care in accordance with their care plans and records confirmed staff were delivering the care as arranged.

The manager and staff told us they accessed health professionals for advice when necessary so that people’s health and safety was not put at risk. Advice given was recorded in care plans and followed by staff. For example, a care worker told us about one person who found it difficult to get out of bed independently without falling. A referral was made for an occupational therapist assessment to see if they could be supported with any moving and handling equipment. On advice from the occupational therapist a specific type of handle was fitted at the side of the bed so the person could use it for support to minimise the risk of them falling. This also helped them to maintain some independence.

Some care workers told us they felt there were times when there were not enough of them to carry out all their duties such as completing care records in a timely way. However, they told us people’s needs were always met. People we

spoke with did not raise any concerns about their being insufficient staff to meet their needs. However, one person commented there was not always a staff member available to support people who used wheelchairs when trips were arranged. The manager confirmed there were periods when it was busy and because of this they were employing an additional care worker. They told us they also used ‘relief’ staff when needed, for example, to cover staff absences. This ensured there were enough staff available at the times that people needed them.

The manager told us when new staff were recruited, all of the required checks were carried out before they started work. Staff confirmed this happened and told us this included a ‘Disclosure and Barring Service’ check (to check for any criminal convictions). Recruitment records we viewed showed recruitment checks were completed before new staff started work. This reduced the risk of unsuitable staff being employed to work with people who used the service.

Care workers told us they kept people safe by keeping the building secure and carrying out regular security checks. They knew about the fire procedures and the action they should take to keep people safe within the building in the event of a fire. The manager and care workers were not aware of any contingency plans to follow should people not be able to return to the building following an emergency or fire. The area co-ordinator told us this information was available to staff in an emergency file in the staff office. The manager agreed to make sure everyone familiarised themselves with this plan.

People received their medicines as required and care workers knew how to manage medicines safely. Some people told us they managed their own medicines and some needed staff support. One person who took medicine for pain relief told us they were pleased they could “control” their own medicines. The manager told us care workers did not administer medicines to people unless they had received training and had been assessed as competent. A care worker told us they felt the medication training was sufficient for them to understand what they were required to do and manage medicines safely. Team leaders told us they monitored care workers to make sure they followed the correct procedures. Care workers were then required to complete further training to reduce the

Is the service safe?

risk of mistakes being repeated. We noted the medicine administration records had been completed appropriately to show where people had taken medicines or declined them.

Is the service effective?

Our findings

At our last inspection on 25 June 2014 we identified some concerns about how people's nutritional needs were being managed. We also identified that records relating to people's nutrition were not sufficiently detailed to show how their needs were being met. We asked the provider to take action in order to make improvements. The provider sent us an action plan which outlined the improvements they were going to make. At this inspection we found the required improvements had been made.

Where people were not able to eat independently, the manager sought the advice of health professionals. Care workers told us they observed people at lunchtime and if they noticed someone was struggling to eat they would, "have a little chat with them". They went on to say, "It may be they have got arthritic hands and can't use cutlery or have limited vision and need their plate turning around." People who lived at Willowbrook liked to have their main meals in the restaurant and were complimentary of the meals provided and the choices offered. One person told us, "They have wonderful chefs here." At lunchtime people shared tables and talked amongst themselves. Meals were served promptly so people could eat together.

Staff told us nobody needed support to eat but there were people who needed help to cut up their food or prepare their meals and this support was provided. One person told us, "We are always offered drinks throughout the day." Another stated, "I sometimes do not like the meal offeredso staff would do something else." This showed staff were supporting people's nutritional needs and preferences. Care workers told us there was a section in the care plans where they recorded information about eating and drinking so that all the staff knew what support people required.

The service provided a wellbeing 'drop in' clinic two mornings each week to support people's good health. People were able to visit the provider's wellbeing nurse and discuss any concerns. The nurse also carried out baseline assessments of health when people moved in such as blood pressure, weight and general health and relayed any concerns to the person's GP. We saw that risk assessments were completed where there were concerns about people's health. These included information about how to manage risks associated with people's eating and drinking to ensure their needs were met.

People told us they felt staff had the necessary skills and knowledge to meet their needs effectively. People told us, "Staff are very good and cater for my needs, they have got to know me and my family. This is important to me." "The staff seem to know what they are doing regarding my care, and treat me with respect." A visitor told us, "[Person] is very well looked after and well treated, I feel that the staff are meeting [person's] needs."

Care workers had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. This included induction training which care workers said sufficiently prepared them for their role before they worked unsupervised. Care workers told us they worked alongside more experienced staff before they worked independently. One care worker told us, "I have done all the training linked to people's care." This included managing diabetes and moving and handling people. The manager told us, "Moving and handling people training starts from the first day they get here. Then they are observed to make sure they are competent."

Care workers told us they received regular formal supervision with their manager and six monthly appraisals where their performance was assessed. Supervision included observed practice to make sure they were supporting people in accordance with the provider's policies and procedures. One care worker told us "There is somebody monitoring you to see how you deliver care and interact with the person you are in with to see if you are complying with the care plan, medication and hygiene. Everything is monitored and it is then fed back to you." This helped to ensure that people received the care they needed and any learning and development needs could be identified. Additional staff training was arranged if needed.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) and to report on what we find. The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. Care workers had some understanding of the MCA and the manager told us further training had been planned. The area co-ordinator told us the provider had issued a new set of policies and procedures in relation to the MCA which were to be implemented.

Care workers understood the importance of gaining people's consent before delivering care and we saw this happened. One care worker gave an example of seeking

Is the service effective?

consent from people before administering medicines to them. Another care worker told us, “We go through the care packages with them (people) and explain what we are doing before we do it. If they don’t want us to do it we will sit down and explain and ask why not and we would not deliver care unless they consented.”

Some people were able to manage their own health care or relatives supported them with this. Care workers told us if

people needed their help to make contact with their GP they would provide this. One care worker told us they had supported one person to make contact with the GP by dialling the number for them and handing them the telephone so they could independently discuss their needs and arrange an appointment. One person told us, “Doctors are called if I need them, they do not take long to attend to me.”

Is the service caring?

Our findings

People were positive about the care workers who supported them and told us that they felt the staff were friendly and approachable. They told us, “It’s like a family you can feel completely relaxed with them.” “Staff are now very kind and helpful.” We saw staff acknowledged people when they saw them in the communal areas of the building and were caring towards people. Some of the people who used the service were partially sighted or registered blind and relied on care workers for support. One person told us, “Staff are always willing to help, and staff make sure that when speaking to me, they stay in one place instead of moving about or turning their back when speaking so I can hear them properly.”

Care workers were positive about the service and the people who lived at Willowbrook. They told us, “I think it’s a friendly welcoming environment with an amazing team.” “We talk to them, give them time, value them as a person and learn about them, they are all mums and dads and brothers and sisters. We complete a biography which is nice because it starts with how they are now and when we spend time with them we learn about their younger days and what they used to do and it’s a way of communicating with them.”

People mostly received care and support from a group of consistent care workers that understood their needs and who they were able to build relationships with. People told us staff listened to them and were helpful in meeting their requests. At lunchtime when meals were being served in

the restaurant, one person told a staff member they were going out to the shop. The staff member reminded them it was lunchtime and offered to arrange for their meal to be kept for later if they wished. The person chose to stay. This showed how staff supported people to maintain their independence and make their own decisions.

When care workers explained people’s care needs, they told us how they made sure people’s independence was supported. For example, where people were at risk of scalding from hot drinks care workers would prepare the hot drinks but would leave people to make their own cold drinks. Where people needed support in the shower to reach areas of their body they could not reach, care workers would support them but would leave them to wash other areas themselves. One care worker told us, “I was doing a review with one of the ladies and she wanted a bath and not a shower. We asked when she would like one. She said in the evening so we sat and arranged a time that suited her and she has a bath now.”

People told us care workers respected their privacy and dignity and we found staff practices ensured people’s privacy and dignity was maintained. One person who was supported by a care worker with their personal care told us, “I was a little bit apprehensive but they were so nice about it, there is a running flow of conversation ... now I look forward to it.” Another person told us, “I am taken into the bathroom and my personal care is administered there where it is private. I am treated with the most respect, some areas of my personal care I am able to do myself.”

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and their needs and preferences were being met. People had care files in their apartments so they could read them at any time.

People told us staff spoke with them about their support and records showed people had signed to confirm they had discussed their care with staff and agreed to the care planned. Most people were independent and only required support with certain aspects of their care. Those that needed support told us staff involved them in decisions about their care on an ongoing basis. One person commented, "I self-medicate and have filled in, agreed and signed my care plan." "I stay in my room because it is my choice, I prefer to listen to music and eat in my room, the staff will bring my lunch." A visitor told us, "The staff inform me of [person's] care plan and discuss it fully with me. A book is always available for me to look at regarding [person's] care."

Care workers knew about people's needs and told us each person had an 'ability profile' which showed their needs had been assessed. This helped to develop a plan of care which detailed the support people required in order to meet their individual needs in a way they preferred. Care workers told us how they supported people on a day to day basis. One care worker told us, "Sometimes tenants have asked me to read them a letter or accompany them to the hairdressers as they can't remember where it is. I open bottles or straighten dresses and things like that. It is an everyday thing."

There was a system to review care plans to make sure they accurately reflected how people needed to be supported. Care workers we spoke with told us, "They (people) are invited to reviews, it depends what care level they are on as to when reviews take place. They are asked if they want to attend. We always ask people if they want family involvement. If they don't have capacity, we always email the family to say when reviews are due."

Care workers told us they looked at care plan information and people's emergency contacts to check if families wished to be contacted at night. They told us sometimes people asked staff to contact their family and sometimes they did not wish their families to be contacted which staff respected.

People told us they usually received their care at the times expected and care workers stayed for the agreed times so that all tasks were completed. We looked at the call schedules which identified the times staff provided care and support to people within their apartments. These corresponded with the times on the care plans in people's files. Calls were allocated to a regular group of care workers so people had some consistency in the care provided. Care workers told us they had regular scheduled call times and most of the time they had enough time allocated to carry out the care and support required without rushing.

There was a variety of social activities and entertainment provided in the communal areas of Willowbrook which people could attend if they wished. People were asked at 'resident' meetings about activities they would like arranged. This was so these could be provided in accordance with people's interests and preferences. People were positive about the activities that took place. One person told us, "We go on trips, go to pub lunches, entertainment is put on and I take part in activities, I love it here, I would not have been doing all of this if I was at home alone." A visitor told us, "[Person] has come out of herself, she is now such a different woman, she goes on trips, takes part in activities and attend meetings, she looks so much better."

Many of the people who lived at Willowbrook were able to independently access the local community including their local place of worship. Staff told us people who needed to be escorted to attend the local church were supported by volunteers. The service also maintained other community links such as the local library who visited to provide talking books to people who were registered blind. Volunteers had provided a gardening service. They had removed all of the weeds from the flower beds so that the gardening group made up of people who used the service could plant what they wanted. The manager told us the group had to seek the agreement of all of the other people who lived at Willowbrook before they could do this to make sure they were happy with what they had planned for the garden.

People had their own telephones in their apartments to they could keep in regular contact with their families and maintain relationships with people important to them.

People said they had no complaints but if they did they would discuss them with staff or the manager by telephoning the office. People told us, "I know who to complain to if I need to but I have not had cause to." "If I

Is the service responsive?

have concerns I will go to the office.” There had been very few complaints received by the service. Those received had

been recorded and responded to. Records did not always show actions taken to address lessons learned to make sure they did not happen again. The acting manager agreed to address this.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. When we asked one person if there was anything they would change about the service they told us, “I wouldn’t, to be quite honest I only wish every home was like this, it’s a real home from home.”

There had been no recent quality satisfaction surveys carried out with people or visitors of the service to show the provider monitored the quality of care and service provided. However, people had other opportunities to put forward their views about the service they received. For example, we noted people’s opinions were sought when staff were being observed by their manager. People were asked as part of the observation process if they were happy with the support they had received from their care workers. They were asked to sign records to confirm their views. People were also asked and commented if they wanted anything about their support changed. The observation forms seen showed people were happy with how they were supported by staff and they also confirmed they were happy at Willowbrook.

The provider made sure people were given the opportunity to be involved in decisions about how the service was run through ‘resident meetings’ and meetings held by the ‘Resident Association’. ‘Resident’ meetings were held on a monthly basis. People told us that they knew about these meetings and typical topics discussed included meals, news about other tenants and planned activities. Notes of the meetings did not always show areas for action had been addressed and did not contain information about what people had said to demonstrate their involvement in the meeting. The manager agreed to change the way they recorded the meeting notes to demonstrate people’s involvement. The ‘Resident Association’ met quarterly and involved other homes within the organisation. People were able to participate by offering any suggestions on how to improve Willowbrook to the committee members. People were made aware of these meetings through information packs provided to them. These packs also detailed all the care and services provided by the home and the names and contact numbers of staff should people need them.

Staff meetings enabled staff to raise any concerns with the management team and to be involved in decisions about how the service was run. One staff member told us care

workers had raised the issue of there not being sufficient numbers of staff on occasions. We were told this had been partially addressed as the provider had given permission for the managers to recruit additional staff.

Care workers told us that arrangements were in place to address any incidences of poor practice and additional relevant training was provided. This was to make sure they learned from their mistakes and maintained the standards required by the provider. Care workers told us they would know about any poor practice through observations or attending staff meetings and ‘line up’. A care worker explained ‘line up’. They told us, “It’s where everybody in the building meets up at 11.15am in the care office and the team leader checks badges (staff name badges), that we are well presented, the vision for that day and any news that needs to be relayed down. It may be this is relayed for the next six days so all staff are captured such as information about a person moving in or someone moving onto care package (some people who lived at Willowbrook did not receive care support from staff but lived independently).” This demonstrated there were processes in place for good communication to enable the service to run effectively.

A registered manager was in post, however, at the time of our visit there was an acting manager in post due to the manager being unavoidably absent from the service. The acting manager regularly audited the care records within the service to make sure they were accurate and up-to-date. They also carried out quality checks to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The area co-ordinator told us they visited the service regularly to check the manager had completed quality checks required by the provider. They told us, “As managers they have to report on every part of the business looking at trends and an operations report is put together at the end of each month. The key thing is that the manager absolutely knows what is going on in their scheme.” This included for example how many staff hours had been allocated to provide the service as well as ensuring all complaints had been responded to in a timely manner. The provider received reports about the service which meant they played an active role in quality assurance and ensured the service continuously improved.

The management team understood their responsibilities and had made sure they had submitted statutory

Is the service well-led?

notifications to us and completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR was an accurate assessment of how the service operated.